		INDIANA JOVENILE DETENTION CENTERS. OUT OF COUNTY FEACEIVENT INFORMATION GOIDE - 2022				
ALLEN	BARTHOLOMEW	CLARK				
YES	YES	YES				
YES	NO	NO (Subject to Change)				
Call (260) 449-8449 (will be routed appropriately 24/7)	Call (812)379-1690 request to speak to a supervisor regarding bed space	Jennifer Snawder (502) 810-4058 jsnawder@co.clark.in.us				
NO	NO	YES				
\$150	\$135	\$150				
96 general population; 18 diagnostic	Secure detention: 8	14				
NO	NO	NO				
YES (see attached)	NO	Must have education, mental/mental health information & history of charges				
No set time, just approval & paperwork prior to arrival	Not set time, just approval required prior to arrival.	24 hours				
14-17 (under 12 requires further discussion	12 - 18 yrs	NO				
Standard JDC services, education, diagnostic, volunteer groups, large muscle activity, leisure time	Standard JDC services, education, large muscle activity, leisure time	Education, AA/NA, Religious Services, Psychoeducational & Therapeutic case management, Sex Education, Group Therapy, Life Skills				
NO - unless security threat	NO- unless presenting with COVID-19 symptoms	NO				
YES	YES	YES				
Reserve right to accept/deny requests, severe medical/mental health requires further discussion	Reserve right to accept/deny requests, severe medical/mental health requires further discussion	NO				
Quarterly invoices will be sent to referring county	Invoices will be sent to monthly	Monthly Invoices will be sent to referring county				
Wendy Kyler: 260-449-8010 wendy.kyler@acjc.us or Shane Armstrong: shane.armstrong@acjc.us	Mariah.lucas@bartholome w.in.gov (temporarily)	Lyda Abell (502) 810-4057 labell@co.clark.in.us				
	YES YES Call (260) 449-8449 (will be routed appropriately 24/7) NO \$150 96 general population; 18 diagnostic NO YES (see attached) No set time, just approval & paperwork prior to arrival 14-17 (under 12 requires further discussion Standard JDC services, education, diagnostic, volunteer groups, large muscle activity, leisure time NO - unless security threat YES Reserve right to accept/deny requests, severe medical/mental health requires further discussion Quarterly invoices will be sent to referring county Wendy Kyler: 260-449-8010 wendy.kyler@acjc.us or Shane Armstrong:	YES YES NO Call (260) 449-8449 (will be routed appropriately 24/7) NO NO NO \$150 \$135 96 general population; 18 diagnostic NO YES (see attached) NO NO NO NO YES (see attached) NO NO NO NO NO NO YES (see attached) NO NO NO NO NO NO NO NO NO N				

NOTE: This is current information and is subject to change dependant on center availability and staffing levels.

	DEARBORN	DELAWARE	ELKHART	GRANT
Accepting Out of County Youth (Non- Waiver/Direct File)	YES (Case by case basis)		NO	**
Accepting Out of County Waiver/Direct File	YES (Case by case basis)	NO	NO	**
Contact Person to Get Approval for Placement	Traci Agner, Director, 812-537-8740, tagner@dearborncounty.in.gov. After Hours: Call the Juvenile Center 812-537-8740 and they will contact Traci			**
Contract Required	NO			**
Per Diem	\$120			**
True Bed Capacity	10-12 juveniles			**
Will Provide Transportation & Cost	NO			**
Intake Packet Required	YES			**
Time Needed to Review & Accept	Unknown, will make as soon as possible			**
Age Limit	Will not take any under 12 yrs. old			**
Services Given	All services that other juveniles receive including, but not limited to, education, medical and mental health services, recreation, etc			**
Youth Separated from General Populaton	Undecided			**
Virtual Access to Attorney	YES			**
Type of Youth Will Not Accept	YES, major medical/mental or history of violence			**
Billing Information	Monthly invoices will be sent to referring county			**
Billing Contact	Beth Blair, Administrative Assistant, 812-537-8740, bblair@dearborncounty.in.gov			**

	HAMILTON	HOWARD	JOHNSON	KNOX
Accepting Out of County Youth (Non- Waiver/Direct File)	YES	YES	YES	
Accepting Out of County Waiver/Direct File	YES	YES	NO	NO
Contact Person to Get Approval for Placement	Intake: 317-776-6507	Director, Assistant Director, Program Director and Secure Case Manager can be contacted at (765) 457-1408	KristiBruther, kbruther@jdc.co.johnson.in.us (317) 346-4672	
Contract Required	NO	YES	NO	
Per Diem	\$120 without transport; \$140 with transport*	\$137	\$140	
True Bed Capacity	First come,first serve	12	24	
Will Provide Transportation & Cost	YES*	Depending on available staff	NO	
Intake Packet Required	YES	YES	YES (need charges and history in other facilities)	
Time Needed to Review & Accept	3 hours	24 hours	No set time	
Age Limit	12 yrs old and up	13	NO	
Services Given	Education & court ordered therapy	Same as current residents	Standard JDC services, education, volunteer groups, large muscle activity, leisure time	
Youth Separated from General Populaton	NO	NO	NO	
Virtual Access to Attorney	YES	YES	YES	
Type of Youth Will Not Accept	YES (see attached)	Certain medical conditions and IQ 70 or below	Reserve the right to accept/deny requests	
Billing Information	Monthly invoices will be sent to referring county	Monthly invoices will be sent to the referring agency	Monthly invoices	
Billing Contact	Jane Pflugh, 317-776-9828, jane.pflugh@hamiltoncounty.in.gov	Office Manager (765) 457-1408	Leann Lamb – Ilamb@jdc.co.johnson.in.us 317- 346-4680	
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^{*}not currently able to provide out of county transports due to staffing

	LAKE	LAPORTE	MADISON	MARION
Accepting Out of County Youth (Non- Waiver/Direct File)	YES (Must go through administration for approval)	YES (case by case basis)		NO
Accepting Out of County Waiver/Direct File	YES	NO (Subject to Change)	NO	NO
Contact Person to Get Approval for Placement	John Dempsey, (219)660-6929, johdem@lakecountyin.org/ Eric Hamilton, (219)550-6942, eriham@lakecountyin.org	8:00 a.m 4:00 p.m. – Assistant Director, Mike Callahan mcallahan@laporteco.in.gov (219)324-5130 ext. 4234. If after 4 p.m., contact Control Room at extension 4221.		
Contract Required	YES	To Be Determined		
Per Diem	\$160	To Be Determined		
True Bed Capacity	10	12		
Will Provide Transportation & Cost	NO	Depends, Cost to be determined		
Intake Packet Required	YES	YES		
Time Needed to Review & Accept	72 hours	Up to 12 hours		
Age Limit	12-18 yrs old	12-18 yrs old		
Services Given	Educational Programs	Education, Medical, Recreation, ADL, etc.		
Youth Separated from General Populaton	YES	NO - unless safety/security is compromised		
Virtual Access to Attorney	YES	YES		
Type of Youth Will Not Accept	YES	YES, severe medical, acute mental health and behavioral health		
Billing Information	Weekly invoices will be sent to the referring agency	Monthly invoices will be sent to the referring agency		
Billing Contact	Kova Nikolic, (219(660-6915, nikolkx@lakecountyin.org	Sharron Dombkowski, Administrative Assistant sdombowski@laporteco.in.gov (219)324-5130 Ext. 4233		

	PORTER	ST. JOSEPH	VANDERBURGH	VIGO
Accepting Out of County Youth (Non- Waiver/Direct File)	NO - Contract counties only		YES	YES
Accepting Out of County Waiver/Direct File	NO	NO (Subject to Change)	YES	YES
Contact Person to Get Approval for Placement			Joshua Nichols, 812-421-3806 x6750 (812-781-9942)*Rian Kisner, 812-421-3806 x6761 (812-459-3348)*Enoch Floyd, 812-4213806 x6760 (270-454-3125)* *Emergency Only	Waiver Youth: Norm Loudermilk (812) 208-2961; norm.loudermilk@vigocounty.in.gov Direct File: Shift Supervisor on Duty (812) 462-3414
Contract Required			No; however provision for damages must be signed	NO
Per Diem			\$209.19	\$140 (see price letter)
True Bed Capacity			32 boys	20
Will Provide Transportation & Cost			NO	YES: \$15/hour flat rate
Intake Packet Required			YES	NO, but will need Order or PC Affidavit and Information Petition
Time Needed to Review & Accept			2-5 days	Up to 48 hours
Age Limit			NO	12-18 yrs (some exceptions)
Services Given			Education, Mental Health, Religious, Group, Food Service, Laundry, etc.	Education, Various ADL programs, Counseling
Youth Separated from General Populaton			NO	NO - unless situation would require or requested by the Court
Virtual Access to Attorney			YES	YES
Type of Youth Will Not Accept			YES, severe mental health/medical. Also not set up for youth with mobility issues.	Dependant on needs and if can accommodate the needs
Billing Information			Monthly invoices will be sent to the referring agency	Invoice will be sent to referring county at the conclusion of the stay
Billing Contact			Josh Nichols, 812-421-3806 x 1301; joshua.nichols@erstaff.org	Andrea Moeller, Office Manager: (812) 231-5684 andrea.moeller@vigocounty.in.gov